

Add/Edit UAC

First Name:	<input type="text"/>	Status:	<input type="text" value="ADMITTED"/>
Last Name:	<input type="text"/>	AKA:	<input type="text"/>
Middle Name:	<input type="text"/>	Gender:	<input type="text" value="Male"/>
DOB:	<input type="text"/>	A Number:	<input type="text"/>
Country of Birth:	<input type="text" value="El Salvador"/>	Immigration Status at Referral:	<input type="text" value="NTA issued"/>
Health Concerns?:	<input type="radio"/> No <input type="radio"/> Yes	Criminal Charges?:	<input type="radio"/> No <input type="radio"/> Yes
Foot Guide?:	<input type="radio"/> No <input type="radio"/> Yes		
Related to Other UAC(s)?:	<input type="radio"/> No <input type="radio"/> Yes		

UAC Apprehension Information

Additional Information: Family Group: Flag UAC:

Relationship Group ID:

Name				Age		A No.		Relationship to UAC	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text" value="-- Select Relationship --"/>	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text" value="-- Select Relationship --"/>	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text" value="-- Select Relationship --"/>	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text" value="-- Select Relationship --"/>	
<input type="text"/>				<input type="text"/>		<input type="text"/>		<input type="text" value="-- Select Relationship --"/>	

Apprehension and Transfer Information

Referring Agency:	<input type="text" value="Immigration and Customs Enforcement"/>	Referral Date/Time:	<input type="text" value="7/6/2017"/>	<input type="text" value="07:30 PM"/>
Referring Sector:	<input type="text" value="New York City (NYC)"/>	ORR Placement Date/Time:	<input type="text" value="7/6/2017"/>	<input type="text" value="08:26 PM"/>
Manner of Entry:	<input type="text" value="EWI/Entered"/>	Processing POC:	<input type="text" value="Linda Hyde"/>	
Email(s):	<input type="text" value="Linda.Hyde@ice.dhs.gov"/>	Phone:	<input type="text" value="6464233036"/>	

Entry:	<input type="text" value="Select Option"/>	City and/or Location Code:	<input type="text" value="New York"/>	State:	<input type="text" value="New York"/>	Date/Time:	<input type="text" value="7/6/2017"/>	<input type="text" value="12:00 AM"/>
Apprehension:	<input type="text" value="Select Option"/>							
Current Location:	<input type="text" value="Select Option"/>							

Parent/Relative Information

Name				Phone No.		Relationship to UAC		Address	
<input type="text"/>				<input type="text"/>		<input type="text" value="-- Select Relationship --"/>		<input type="text"/>	
<input type="text"/>				<input type="text"/>		<input type="text" value="-- Select Relationship --"/>		<input type="text"/>	
<input type="text"/>				<input type="text"/>		<input type="text" value="-- Select Relationship --"/>		<input type="text"/>	
<input type="text"/>				<input type="text"/>		<input type="text" value="-- Select Relationship --"/>		<input type="text"/>	
<input type="text"/>				<input type="text"/>		<input type="text" value="-- Select Relationship --"/>		<input type="text"/>	

Referral Notes

Notes:

[REDACTED] has been identified as an MS-13 gang member by MSI.
 Predicated on the following:
 Has been identified as a member of MS-13 by Suffolk County PD gang unit.
 Has been suspended from Bellport High School for gang related activities.
 Has been observed wearing clothing and apparel associated with MS-13 and observed on video flashing gang signs.
 No criminal charges
 No discipline issues while in custody.

Secure/Staff Secure Addendum

Justification for Secure Placement

Gang Affiliation

Any Known Gang Affiliation:

☒ Yes ☐ Suspect ☐ No ☐ Unknown

Name of Gang:

MS-13

Determined by:

☐ Self-Admission of UAC
☐ Gang Tattoos
☐ Gang Affiliation Summary

Gang Affiliation Summary:

Identified by Suffolk County PD Gang Unit.

Detention Facility Information (If UAC received from a detention facility)

Type of Detention Facility:

Adult Detention

Facility Name:

Phone Number:

POC:

Fax Number:

Admission Date:

Discharge Date:

Summary of Known Incident Reports During Stay at Detention Center:

Summary of known TB tests and medical/mental health condition:

ORR Placement Information

Program Type:

Select Program Type

Enroll In Program:

Select Program

> Save

> Reset

> Fast

> Non-Fast